EVERGREEN HEALTH CARE CENTER, INC.

1250 EVERGREEN STREET

SHAWANO 54166 Phone: (715) 526-3107 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 77 Total Licensed Bed Capacity (12/31/01): 91 Number of Residents on 12/31/01: 51

Ownershi p: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Average Daily Census: **************************

Corporati on

Skilled

Yes

Yes

53

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01) %
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 1
Supp. Home Care-Household Services		Developmental Disabilities	5. 9	Under 65	11.8	More Than 4 Years	19. 6
Day Services	Yes	Mental Illness (Org./Psy)	45. 1	65 - 74	7. 8		
Respite Care	Yes	Mental Illness (Other)	5. 9	75 - 84	33. 3		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	2. 0	85 - 94	29. 4	*********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	17. 6	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	5. 9	65 & 0ver	88. 2		
Transportati on	No	Cerebrovascul ar	3. 9			RNs	13. 1
Referral Service	No	Di abetes	2. 0	Sex	%	LPNs	12. 5
Other Services	Yes	Respiratory	2. 0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27. 5	Male	23. 5	Aides, & Orderlies	52. 6
Mentally Ill	No			Female	76. 5	•	
Provide Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	.		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	2	100.0	331	27	84. 4	96	0	0.0	0	17	100.0	145	0	0.0	0	0	0.0	0	46	90. 2
Intermedi ate				5	15. 6	81	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	9.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		32	100. 0		0	0.0		17	100. 0		0	0.0		0	0.0		51	100. 0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services, a	nd Activities as of	12/31/01
beachs builing Reporting Terrou				%	Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	8. 7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathing	0.0		82. 4	17. 6	51
Other Nursing Homes	5. 2	Dressi ng	19. 6		68. 6	11. 8	51
Acute Care Hospitals	86. 1	Transferring	37. 3		41. 2	21.6	51
Psych. HospMR/DD Facilities	0.0	Toilet Use	35. 3		45. 1	19. 6	51
Rehabilitation Hospitals	0.0	Eati ng	58. 8		29. 4	11.8	51
Other Locations	0.0	********	******	*****	******	*************	******
Total Number of Admissions	115	Conti nence		%	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0.0	Receiving Res	pi ratory Care	7. 8
Private Home/No Home Health	46.8	Occ/Freq. Incontinent	t of Bladder	52. 9	Receiving Tra	cheostomy Care	0. 0
Private Home/With Home Health	6. 4	Occ/Freq. Incontinent	t of Bowel	35. 3	Receiving Suc	ti oni ng	0. 0
Other Nursing Homes	7. 3	-			Receiving Osto	omy Care	3. 9
Acute Care Hospitals	18. 3	Mobility			Receiving Tub	e Feeding	3. 9
Psych. HospMR/DD Facilities	0.0	Physically Restrained	ł	5. 9	Receiving Mec	hanically Altered Di	ets 19.6
Rehabilitation Hospitals	0.9					•	
Other Locations	2.8	Skin Care			Other Resident	Characteri sti cs	
Deaths	17. 4	With Pressure Sores		5. 9	Have Advance	Di recti ves	100. 0
Total Number of Discharges		With Rashes		5. 9	Medi cati ons		
(Including Deaths)	109				Receiving Psy	choactive Drugs	49. 0

************************************ Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	Thi s	Ownership: This Proprietary			Si ze: - 99		ensure: lled	Al	1
		Facility Peer Group			Group		Group		lities
	%	% Ratio		%	% Ratio		% Ratio		Ratio
Occumency Potes, Avenues Poils, Consus/Licensed Pode	50 2	90. 2	0.72	OF 1	0.60	94.4	0.60	94.6	0.60
Occupancy Rate: Average Daily Census/Licensed Beds Current Residents from In-County	58. 3 76. 5	80. 3 72. 7	0. 73 1. 05	85. 1 72. 2	0. 69 1. 06	84. 4 75. 4	0. 69 1. 01	84. 6 77. 0	0. 69 0. 99
	76. 3 10. 4	18. 3	0. 57	20. 8	0. 50	73. 4 22. 1	0. 47	20. 8	0. 50
Admissions from In-County, Still Residing									1. 68
Admissions/Average Daily Census	217. 0	139. 0	1. 56	111. 7	1. 94	118. 1	1. 84	128. 9	
Discharges/Average Daily Census	205. 7	139. 3	1. 48	112. 2	1. 83	118. 3	1. 74	130. 0	1. 58
Discharges To Private Residence/Average Daily Census	109. 4	58 . 4	1. 87	42.8	2. 56	46. 1	2. 37	52. 8	2. 07
Residents Receiving Skilled Care	90. 2	91. 2	0. 99	91. 3	0. 99	91. 6	0. 99	85 . 3	1. 06
Residents Aged 65 and Older	88. 2	96. 0	0. 92	93. 6	0. 94	94. 2	0.94	87. 5	1. 01
Title 19 (Medicaid) Funded Residents	62. 7	72. 1	0.87	67. 0	0. 94	69. 7	0. 90	68. 7	0. 91
Private Pay Funded Residents	33. 3	18. 5	1. 80	23. 5	1. 42	21. 2	1. 57	22. 0	1. 51
Developmentally Disabled Residents	5. 9	1.0	5. 92	0. 9	6. 52	0.8	7. 47	7. 6	0. 78
Mentally Ill Residents	51. 0	36. 3	1. 40	41. 0	1. 24	39. 5	1. 29	33. 8	1. 51
General Medical Service Residents	27. 5	16. 8	1. 64	16. 1	1. 71	16. 2	1. 69	19. 4	1. 41
Impaired ADL (Mean)	43. 9	46. 6	0. 94	48. 7	0. 90	48. 5	0. 91	49. 3	0. 89
Psychological Problems	49. 0	47. 8	1.03	50 . 2	0. 98	50 . 0	0. 98	51. 9	0. 94
Nursing Care Required (Mean)	5. 9	7. 1	0.82	7. 3	0. 81	7. 0	0. 84	7. 3	0.80